



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

FEB 27 1998

Arif Toor, MD, Treasurer  
Pakistani Physicians Public  
Affairs Committee  
Southridge Lane  
Cromwell, CT 06416

Identification Number: C00238204

Reference: Year End Report (7/1/97-12/31/97)

Dear Dr. Toor:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

For your information, each category on the Detailed Summary Page for which your committee discloses activity must have a separate schedule. Please note this for future filings.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Richard Ng  
Reports Analyst  
Reports Analysis Division

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## NAME OF COMMITTEE (In Full)

Pakistani American Physicians Public Affairs Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dana Giang MD 5605 Burning Tree Dr La CANADA CA 91011	Self	5-31-97	225.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Phys</i>	Aggregate Year-to-Date > 3	825.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. R. Siddiqui MD 708 Elmwood Ave ALBION MI 49224	Self	6-2-97	300.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Phys</i>	Aggregate Year-to-Date > 4	350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M.A. Chawhan MD 1205 Melvin St Newport AR 72119	Self	6-2-97	225.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Phys</i>	Aggregate Year-to-Date > 5	225.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Kram Choudhry 874-A-B Pompton Ave Cedar Grove NJ 07009	Self	6-4-97	700.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Phys</i>	Aggregate Year-to-Date > 6	700.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Syed Ali MD 1872 Dearborn Dr. AFCON OH 44313	Self	6-4-97	225.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Phys</i>	Aggregate Year-to-Date > 7	225.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Z. Mat Ismail MD 4 Formulated Lane Upper Brookville NY 11545	Self	6-5-97	225.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Phys</i>	Aggregate Year-to-Date > 8	225.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mohammed J. Farooq 114 Wicks Lane Montgomeryville PA 19446	Self	6-6-97	225.00
<input checked="" type="checkbox"/> Other (specify): <i>Physician</i>	Occupation <i>Physician</i>	Aggregate Year-to-Date > 9	225.00

SUBTOTAL of Receipts This Page (optional) ..... 2175.00

TOTAL This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 3 OF 8  
FOR LINE NUMBER  
10

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## NAME OF COMMITTEE (in Full)

## PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

## A. Full Name, Mailing Address and ZIP Code

KHALID J. AWAN MD,  
1921 PARKWAY SOUTH W.  
NORTON VA 24273

Receipt For:  Primary  General  
 Other (specify): DR. WINTER & PARTNER

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

SELF

Occupation  
PHYSICIAN

10-28-97

Aggregate Year-to-Date &gt; \$ 300.00

300.00

## B. Full Name, Mailing Address and ZIP Code

RIAZ MASOOD CHAUDHRY MD  
PO BOX 1470  
JENKINTON LA 71342

Receipt For:  Primary  General  
 Other (specify): OFFICE FUND CONTRIBUTION

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

SELF

Occupation

10-24-97

Aggregate Year-to-Date &gt; \$ 1000.00

1000.00

## C. Full Name, Mailing Address and ZIP Code

AKRAM CHAUDHRY  
874 A2 PROMPTON AVE  
CEDAR GROVE NEW JERSEY

Receipt For:  Primary  General  
 Other (specify): OFFICE FUND CONTRIBUTION

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

SELF

Occupation  
BUSINESSMAN

10-28-97

Aggregate Year-to-Date &gt; \$ 5700.00

5700.00

## D. Full Name, Mailing Address and ZIP Code

MUHAMMAD ASLAM MD,  
118 JAMES STREET  
SOMERSET PA 15501

Receipt For:  Primary  General  
 Other (specify): ANNUAL MEMBERSHIP DUES

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

SELF

Occupation  
PHYSICIAN

10-31-97

Aggregate Year-to-Date &gt; \$ 200.00

100.00

## E. Full Name, Mailing Address and ZIP Code

SAEED WAJAH KHAN  
8260 E PLACITA DELOSO  
TUCSON ARIZONA 85715

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

SELF

Occupation  
BUSINESS MAN

10-31-97

Aggregate Year-to-Date &gt; \$ 500.00

500.00

## F. Full Name, Mailing Address and ZIP Code

ARIF A. A. TARIQ  
SOUTHERIDGE LANE CROMWELL CT 06416

Receipt For:  Primary  General  
 Other (specify): ANNUAL DUES & OFFICE FUND

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this PeriodUNITED  
HEALTHCAREOccupation  
PHYSICIAN

10-31-97

Aggregate Year-to-Date &gt; \$ 475.00

475.00

## G. Full Name, Mailing Address and ZIP Code

MUBASHAR CHAUDHRY  
14025 WELLAND TERRACE  
NORTH POTOMAC MD 20878

Receipt For:  Primary  General  
 Other (specify): OFFICE FUND

Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

SELF

Occupation  
PHYSICIAN

11-9-97

Aggregate Year-to-Date &gt; \$ 600.00

600.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

12750.00

TOTAL This Period (last page this line number only) \_\_\_\_\_

